Putting Prevention into Practice







Appendix 6: Indirect evidence drawn from studies that lacked an unscreened control group

The 2012 systematic review on depression screening conducted for the Canadian Task Force on Preventive Health Care¹ examined only direct evidence on the effectiveness of screening. Yet, after the external review process, we asked the McMaster Evidence Review and Synthesis Center (ERSC) to independently re-examine the 144 studies that were excluded because of the lack of an unscreened comparison group and to identify those that could provide high-quality indirect evidence. The ultimate objective of this task was to conduct a preliminary assessment of the impact that the inclusion of indirect evidence could have on the recommendations.

The ERSC identified only 1 randomized controlled trial² that, in their view, could provide high-quality indirect evidence. The study evaluated the effectiveness of a postnatal screening programme using the Edinburgh Postnatal Depression Scale (EPDS). At 6 months, fewer participants in the intervention group had EPDS scores above the cut-off (EPDS scores >10) than the control group (13% vs 22%; risk ratio [RR] 0.59; 95% CI 0.39–0.89). However, at 18 months, there were no significant differences in EPDS scores >10 between the intervention and control groups (RR 1.10, 95% CI 0.70–1.73), but this may be because of the treatment delivered to all patients with an EPDS score >10 in both intervention and control groups.

The long-term effect of screening post-natal women is therefore uncertain. It is unlikely that the inclusion of this study would have changed our recommendation not to screen groups of the population thought to be at increased risk for depression.

References

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- Leung SS, Leung C, Lam TH, et al. Outcome of a postnatal depression screening programme using the Edinburgh Postnatal Depression Scale: a randomized controlled trial. J Public Health (Oxf). 2011 Jun;33(2):292-301